

Child Abuse Summary Report

TO BE TYPED OR PRINTED - PRESS FIRMLY - DO NOT USE FELT PEN

SS8583(Rev6/05)

CHILD ABUSE SUMMARY REPORT

**To be Completed by Investigating Child Protective Agency
Pursuant to Penal Code Section 11169
(SHADED AREAS MUST BE COMPLETED)**

R
C
N

A
G
Y

FOR DOJ USE ONLY

A. INVESTIGATING AGENCY	1. INVESTIGATING AGENCY (Enter complete name and check type):			<input type="checkbox"/> POLICE <input type="checkbox"/> WELFARE <input type="checkbox"/> SHERIFF <input type="checkbox"/> PROBATION			2. AGENCY REPORT NO./CASE NAME:		
	3. AGENCY ADDRESS: Street City Zip Code			4. AGENCY TELEPHONE: EXT: ()					
	5. NAME OF INVESTIGATING PARTY: TITLE						6. DATE REPORT COMPLETED: MO DA YR		
	7. AGENCY CROSS-REPORTED TO:			8. PERSON CROSS-REPORTED TO:			9. DATE CROSS-REPORTED: MO DA YR		
	10. ACTION TAKEN (check only one box):						10A. SUPPLEMENTAL INFORMATION (Attach copy of original report)		
	<input type="checkbox"/> (1) SUBSTANTIATED (Abuse more likely than not to have occurred) <input type="checkbox"/> (2) INCONCLUSIVE (Insufficient evidence of abuse, not unfounded)						<input type="checkbox"/> (a) INCONCLUSIVE <input type="checkbox"/> (c) ADDITIONAL INFORMATION <input type="checkbox"/> (b) UNFOUNDED (false report, accidental, improbable)		
11. Active investigation conducted per PC 11169(a)? <input type="checkbox"/> Yes <input type="checkbox"/> No* Victim(s) contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No* Suspect(s) contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> No Suspects Witness(es) contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> No witnesses *Explain in comments field A.12.									
12. COMMENTS:									

B. INCIDENT INFORMATION	1. DATE OF INCIDENT: MO DA YR			2. TIME OF INCIDENT:		3. LOCATION OF INCIDENT:		
	4. NAME OF PARTY REPORTING INCIDENT: TITLE:			5. EMPLOYER:		6. TELEPHONE: ()		
	7. TYPE OF ABUSE (check one or more): <input type="checkbox"/> (1) PHYSICAL <input type="checkbox"/> (2) MENTAL <input type="checkbox"/> (3) SEXUAL <input type="checkbox"/> (4) SEVERE NEGLECT <input type="checkbox"/> (5) GENERAL NEGLECT							
	8. IF ABUSE OCCURRED IN OUT-OF-HOME CARE, CHECK TYPE <input type="checkbox"/> (1) FAMILY DAY CARE <input type="checkbox"/> (2) CHILD CARE CENTER <input type="checkbox"/> (3) FOSTER FAMILY HOME <input type="checkbox"/> (4) SMALL FAMILY HOME <input type="checkbox"/> (5) GROUP HOME OR INSTITUTION-Enter name and address:							

C. INVOLVED PARTIES	VICTIM(S)	1. NAME: Last First Middle		AKA		D O B MO DA YR		APPROX. AGE:		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE RACE *		
		ADDRESS: Street City Zip Code				DID VICTIM'S INJURIES RESULT IN DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO						
		PRESENT LOCATION OF VICTIM:				TELEPHONE NUMBER:		IS VICTIM DEVELOPMENTALLY DISABLED [4512(a) W&I]? <input type="checkbox"/> YES <input type="checkbox"/> NO				
		2. NAME: Last First Middle		AKA		D O B MO DA YR		APPROX. AGE:		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE RACE *		
		ADDRESS: Street City Zip Code				DID VICTIM'S INJURIES RESULT IN DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO						
		PRESENT LOCATION OF VICTIM:				TELEPHONE NUMBER:		IS VICTIM DEVELOPMENTALLY DISABLED [4512(a) W&I]? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	SUSPECT(S)	1. NAME: Last First Middle		AKA		D O B MO DA YR		APPROX. AGE:		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE RACE *		
		ADDRESS: Street City Zip Code				HGT	WGT	EYES	HAIR	SOCIAL SECURITY NUMBER:		DRIVER'S LICENSE NUMBER:
		RELATIONSHIP TO VICTIM: <input type="checkbox"/> (1) PARENT/STEPPARENT <input type="checkbox"/> (2) SIBLING <input type="checkbox"/> (3) OTHER RELATIVE <input type="checkbox"/> (4) FRIEND/ACQUAINTANCE <input type="checkbox"/> (5) STRANGER										
		Suspect given written notice per PC 11169(b)				MO DA YR						
		<input type="checkbox"/> Yes <input type="checkbox"/> No Date notice given: MO DA YR				If notice not given, explain in comments field A.12.						
		2. NAME: Last First Middle		AKA		D O B MO DA YR		APPROX. AGE:		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE RACE *		
ADDRESS: Street City Zip Code				HGT	WGT	EYES	HAIR	SOCIAL SECURITY NUMBER:		DRIVER'S LICENSE NUMBER:		
RELATIONSHIP TO VICTIM: <input type="checkbox"/> (1) PARENT/STEPPARENT <input type="checkbox"/> (2) SIBLING <input type="checkbox"/> (3) OTHER RELATIVE <input type="checkbox"/> (4) FRIEND/ACQUAINTANCE <input type="checkbox"/> (5) STRANGER												
OTHER	1. NAME: Last First Middle		<input type="checkbox"/> (1) PARENT/STEPPARENT <input type="checkbox"/> (2) SIBLING		D O B MO DA YR		APPROX. AGE:		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE RACE *			
	2. NAME: Last First Middle		<input type="checkbox"/> (1) PARENT/STEPPARENT <input type="checkbox"/> (2) SIBLING		D O B MO DA YR		APPROX. AGE:		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE RACE *			

*RACE CODES: W-White, B-Black, H-Hispanic, I-American Indian, F-Filipino, P-Pacific Islander, C-Chinese, J-Japanese, A-Other Asian, Z-Asian Indian, D-Cambodian, G-Guamanian, U-Hawaiian, K-Korean, L-Laotian, S-Samoan, V-Vietnamese, O-Other, X-Unknown

☐ CHECK HERE IF ADDITIONAL SHEET(S) IS ATTACHED.

PINK COPY-DOJ; WHITE COPY-Police or Sheriff; BLUE COPY-County Welfare or Probation; GREEN COPY- District Attorney's Office